

City of La Porte Direct Deposit Authorization

Employee Name: _____ Employee # _____

Signature: _____ Date: _____

This form authorizes the City of La Porte to send credit entries (and appropriate debit and adjustment entries), electronically to my account indicated below. This authorizes the financial institution holding the account to post all such entries.

I authorize the City of La Porte to **INITIATE** credit entries to the following accounts:

I authorize **CHANGES** to be made to indicated accounts:

Please **CANCEL** my direct deposit authorization on indicated account(s):

Net Payroll Direct Deposit (100%)

Financial Institution Name Address, City, State	Transit Routing Number	Account Number	Checking or Savings	Dollar Amount or Percentage
_____	_____	_____	_____	_____

Additional Payroll Deductions

Financial Institution Name Address, City, State	Transit Routing Number	Account Number	Checking or Savings	Dollar Amount or Percentage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- *A voided check may be required for each account number listed*
- *Due to banking requirements it may take up to two pay periods for direct deposit to be active*

For Human Resources Use Only:

Prenoted: _____ Processed By: _____